FORM D



<u>1177849</u>

APPROVAL

3235-0076 May 31, 2002

WASHINGTON, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Se						
DATE RECEIVED						

Name of Offering (che	ck if this is an amendment and name has changed, and inc	dicate change)
123 ID, Inc.	ek if this is an amendment and hame has changed, and me	dicate change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing	☐ Amendment	
<u> </u>	A. BASIC IDENTIFICATION DAT	A
1. Enter the information requested abo	out the issuer	······································
Name of Issuer (check if this is a 123 ID, Inc.	n amendment and name has changed, and indicate change	e.)
Address of Executive Offices 100 North Third Street, Grand Fork	Telephone Number (Including Area Code) (701) 787-5505	
Address of Principal Business Operatio	ns (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business Develop, market, license and suppo	rt a suite of biometric security software products.	PPOCEOGE:
Type of Business Organization		FAUCES DEL
⊠ corporation	limited partnership, already formed	other (please specify):
☐ business trust	☐ limited partnership, to be formed	AUG 1 9 2002
Actual or Estimated Date of Incorporati	on or Organization: Month Year 20 02	☐ Estimated THOMSON FINANCIAL
Jurisdiction of Incorporation or Organiz	zation: (Enter two letter U.S. Postal Service abbreviation	for State:
	CN for Canada; FN for other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by the United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E. and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the fo	-			
• Each promoter of the issuer, if the iss	_			
 Each beneficial owner having the po the issuer; 	wer to vote or dispose, or o	direct the vote or dispositio	n of, 10% or more	of a class of equity securities of
 Each executive officer and director of 	of cornerate issuers and of c	armarate general and manag	ring nartners of nar	tnarchin issuers, and
Each general and managing partner of the second secon	•	orporate general and manag	ging partiters of par	mership issuers, and
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
				Wanaging Faither
Full Name (Last name, first, if individual) Aubol, Larry				
Business or Residence Address (Number and 100 North Third Street, Grand Forks, ND		le)		
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name, first, if individual) Quint, Roger				
Business or Residence Address (Number and 100 North Third Street, Grand Forks, ND	-	le)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first, if individual) Amiot, Mark				
Business or Residence Address (Number and 100 North Third Street, Grand Forks, ND		le)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name, first, if individual) Alexander, Gerard				
Business or Residence Address (Number and 100 North Third Street, Grand Forks, ND		le)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first, if individual) Zavoral, John				
Business or Residence Address (Number and R.R.1, Box 33B, East Grand Forks, ND 5		e).		
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name, first, if individual) Zavoral, Peter				
Business or Residence Address (Number and R.R.1, Box 141A, East Grand Forks, ND		e)		
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name, first, if individual) R.J. Zavoral & Sons, Inc.				
Business or Residence Address (Number and R.R.1, Box 33B, East Grand Forks, ND 5	· · · · · · · · · · · · · · · · · · ·	e)		
	k sheet or conv and use add	ditional copies of this sheet	as necessary)	

2 of 8 SEC 1972 (6/99)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name, first, if individual) Deacon's Development, LLC Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 5402, Grand Forks, ND 58206 ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name, first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name, first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name, first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name, first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name, first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name, first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				B. 1	NFORMA	TION AB	OUT OFFI	ERING				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes ⊠	No □			
•	Answer also in Appendix, Column 2, if filing under ULOE.											
2.	2. What is the minimum investment that will be accepted from any individual?							\$No	ominal			
					-				•		Yes	No
3.	Does the off	• •	-	-	-							
4.	Enter the in											
	a person to	be listed is	an associate	d person or	agent of a l	oroker or de	aler register	ed with the	SEC and/or	r with a stat	e or	
	states, list the broker or de							listed are as	ssociated pe	rsons of su	ch a	
Full Na	me (Last nar			_		<u>-</u>						
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Busine	ss or Resider	nce Address	(Number a	and Street,	City, State,	Zip Code)			·	 -		
			`		• • • • • • • • • • • • • • • • • • • •	• /						
Name o	of Associated	l Broker or	Dealer						············			***
								<u> </u>	<u> </u>	<u></u>		
	n Which Per											
-	eck "All Stat											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last nar	me first, if i	ndividual)									
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Busines	ss or Resider	ice Address	(Number a	ina Street, i	city, State,	Zip Code)						
Name o	of Associated	Broker or	Dealer									
States i	n Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers						****
(Ch	eck "All Stat	tes" or chec	k individua	l States)			•••••	••••••		•••••		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last nar	ne first, if i	ndividual)									
Busines	ss or Residen	ice Address	(Number a	ind Street, (City, State,	Zip Code)						
Nama	of Associated	l Proker or	Danlar									
ivaine c	n Associated	Diokei ui	Dealei									
States i	n Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers						3/8
	eck "All Stat									•••••		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEE	DS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price			t Already old
	Debt	\$		\$	
	Equity	\$ 2,000,000		\$ <u>1:</u>	53,424
	Convertible Securities (including warrants)	\$		\$	_
	Partnership Interests	\$		\$	
	Other (Specify)	\$		\$	_
	Total	\$_2,000,000		\$ <u>1</u> :	53,424
	Answer also in Appendix, Column 3, if filing under ULOE	-			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			A comm	
		Number			egate Amount
		Investors		of Pur	chases
	Accredited Investors	15		\$ <u>1</u> :	53,424
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			\$	_
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Thurs of off sing	Type of			Amount
	Type of offering Rule 505	Security			old
				\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs		\boxtimes	\$	2,000
	Legal Fees		\boxtimes	\$	5,000
	Accounting Fees		\boxtimes	\$2	23,000
	Engineering Fees			\$	_
•	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		\square	¢ 2	20.000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	ES Al	ND USE OF PROC	CEEDS	
	b. Enter the difference between the aggregate offering price given in response to Par Question I and total expenses furnished in response to Part C - Question 4.a. difference is the "adjusted gross proceeds to the issuer."	This			<u>s</u> 1,970,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propo be used for each of the purposes shown. If the amount for any purpose is not k furnish an estimate and check the box to the left of the estimate. The total of the pay listed must equal the adjusted gross proceeds to the issuer set forth in response to Pa Question 4.b above.	nown, ments			
	Question 4.0 doove		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	KX	<u>\$ 100,000</u>		\$
	Purchase of real estate		\$		\$
	Purchase, rental or leasing and installation of machinery and equipment		\$		\$
	Construction or leasing of plant buildings and facilities		\$		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness	KZ	\$ 200,000]		\$
	Working capital		\$	— ⊠x	\$ 670,000
	Other(specify): Software Development		\$	$\overline{\mathbb{Z}}$	\$ 800,000
	Sales and Marketing		\$		<u>\$ 200,000</u>
			\$		\$
	Column Totals	XX	\$ 300,000	K	\$1,670.0 0
	Total Payments Listed (column totals added)			1,970,	
	D. FEDERAL SIGNATI	URE			
signatu	suer has duly caused this notice to be signed by the undersigned duly authorized persoure constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange ation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	ange C	ommission, upon w	nder Rule ritten req	505, the following uest of its staff, the
Issuer	(Print or Type) Signapure			Date	
123	ID, Inc.			Augu	st 14, 2002
Name	of Signer (Print or Type) Title of Signer (Print or Type)				
Lar	ry Aubol President				

787461.1

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)